NHS
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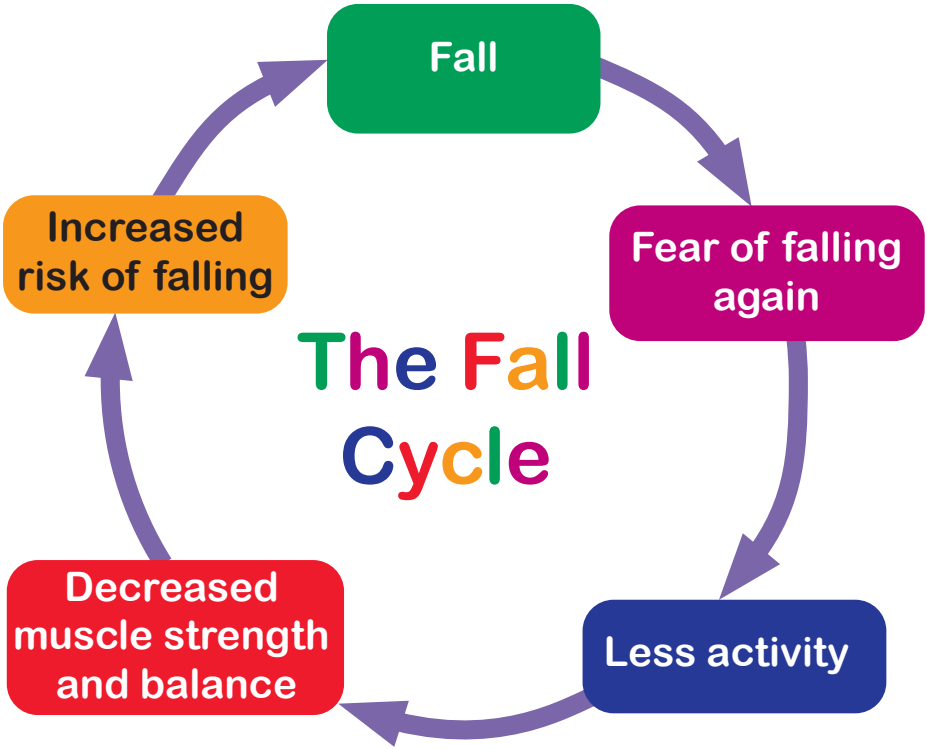
Falls prevention

Information for patients, relatives and carers



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Introduction

Falls are the most common cause of accidental injury in older people. Around 30% of adults who are over 65 and living at home will experience at least one fall a year. This rises to 50% of adults over 80 who are either at home or in residential care.

Everyone can be at risk of having a fall, but older adults are more vulnerable than others. This is mainly due to long-term health conditions that can increase the chances of a fall.

Most falls do not result in serious injury. However, 20% of older adults will require medical attention for a fall and 5% will experience a serious injury, such as a broken bone.

Falls can also have an adverse psychological impact on elderly people. For example, after having a fall a person can lose confidence, become withdrawn and may feel as if they have lost their independence.

Falls prevention

The aim of falls prevention is to reduce the risk of further falls and help patients to regain their independence and confidence. Healthcare professionals take falls in older people very seriously because of the serious impact the falls can have. As a result, a great deal of help and support towards preventing falls is available in your local area.

Are you at risk?

- Have you had more than two falls in the last six months?
- Do you take four or more forms of medication daily?
- Do you have any difficulty with your balance?
- Do you have difficulty with walking or rising from a bed or chair?

- Do you ever feel dizzy or light-headed, if, for example you get up or turn around too quickly?
- Has it been more than two years since you had your eyes tested?
- Has your hearing worsened with age or do your family or friends say that you have a hearing problem?
- Do you usually exercise less than twice a week?
- Do you have any long-term health conditions? For example, heart or lung problems, diabetes, high blood pressure or arthritis?
- Do you suffer from poor memory or depression?

If you are currently being treated by a health or social care professional, please discuss these questions with them or contact your GP and they will refer you to the most appropriate team to meet your needs.

Risk factors

Falls history

Number of falls in a 12 month period.

Slip, trip or collapse.

Dizziness/blackouts.

Location, for example, in the home.

Activity carried out at a time of a fall, for example, getting dressed.

Medication

Many older adults take multiple medications to treat health conditions. Taking four or more medications significantly increases the risk of falling because there are a greater number of side effects associated with multiple medication use and the side effects are often more intense. Interactions between medications can also cause side effects.

Medical conditions

Many falls occur as the result of acute and chronic medical conditions. Many medical conditions have been associated with increased falls and injury risk and those with multiple chronic illnesses experience higher fall rates than their healthy counterparts. Medical risk factors include stroke, acute illness, Parkinson's disease, dementia, arthritis, diabetes, orthostatic hypotension, foot problems and osteoporosis.

Activity/exercise

Limitations in activities of daily living can be caused by impaired balance/mobility/walking ability (gait) or muscle weakness. Failure to exercise regularly results in poor muscle tone, decreased strength and loss of bone mass and flexibility. This can then lead to an increased falls risk.

Vision

Visual impairment is a commonly identified risk factor for falls and the rate of falls in older people with visual impairment is twice as high as the rate among other older people of the same age. Ageing is often accompanied by normal changes in the eyes that can increase the risk of falls. In contrast, some age-related vision losses are associated with diseases that are not a normal part of ageing, but are more likely to affect older adults. The most common eye conditions include cataracts, age-related macular degeneration, diabetic retinopathy and glaucoma.

Hearing

Do your family or friends constantly complain that you have the TV on too loud?

Loss of hearing is common as people age and is frequently ignored or not treated. If you or someone you live with has mild hearing loss, it could be putting them at increased risk of having a fall as it could have an impact on their balance.

Mental health

Psychological factors such as fear of falling, anxiety, depression and impaired memory can lead to:

- Physical weakness/gait changes and poor balance.
- Increased restlessness.
- Lack of awareness of their own abilities. For example the person may not realise or acknowledge that they are not as steady as they used to be and inadvertently put themselves at risk.
- Poor judgement and awareness of risk. For example, attempting to walk down steps and stairs, attempting to go outside in the middle of winter when it is slippery due to snow or going outside in slippers.
- Reduced spatial awareness. People may misinterpret what they see such as misjudging steps, uneven floor surfaces or changes in floor coverings.
- Fatigue/tiredness.
- Communication difficulties.

Advice on how to prevent falls

Vision and hearing

- Have you had your eyesight tested in the past year? If not, visit your optician.
- Separate glasses for reading can be safer than bifocals.
- Remember to clean your glasses regularly.
- If you or your family/friends are concerned about your hearing, contact your GP who then can refer you to the local hearing services.
- It's better to face up to the vision or hearing problem rather than trying to deny it as addressing it can improve your quality of life.

Medication

- Have a regular medication review by your GP every six months. The aim is to ensure your medication doses are still effective and to check if you are experiencing any side effects.
- Ask about your medications. What do they do?
- Keep a list of your medications.
- If you have memory problems, consider using a dossette box.
- Medication if not checked regularly can change the way the body's natural balance systems work.

Bone health

Bones weaken gradually from the age of 35 due to the natural ageing process. This can lead to a greater risk of broken bones in later life. How to keep our bones strong:

- Weight bearing exercise, for example, walking.
- Diet - 99% of calcium in our body is stored in our bones. Eating foods rich in calcium and Vitamin D help to strengthen our bones.

- Stop smoking - smoking increases the rate of bone loss.
- Reduce your alcohol intake - drinking too much alcohol is damaging to our skeleton and increases your risk of fracture. Bear in mind that drinking alcohol can also make you unsteady and increase your risk of falling and therefore breaking a bone.

Keeping active

It's never too late to do exercise to maintain or improve your fitness. People who stay active are likely to lead more independent lives.

Benefits of exercise:

- improves muscle strength
- increases movement in joints
- improves posture and body awareness
- improves endurance so that you tire less easily
- improves your reaction time
- reduces risk of falls
- improves mood and decreases stress and anxiety
- helps to maintain memory function and concentration
- improves your opportunity to socialise and meet people
- helps you to take control of your life
- improves your balance
- makes bones stronger
- helps with your weight control
- improves your sleep
- helps control blood pressure
- improves confidence.

How much physical activity should I do?

The Department of Health recommends a minimum of 30 minutes physical activity, at least five days per week, for example, walking to the local shops or to the end of the street.

Continence

As we get older our water works do not function as well as they used to. This can mean that we need to go to the toilet more frequently or that we need to go more urgently, which can increase the risk of us having a fall. There are many ways of managing incontinence and in many cases it can be improved or even cured.

- Speak to your GP, district nurse or healthcare professional to assist with identifying and treating the cause of your incontinence. They can advise you of the services available.
- Pelvic floor exercises.
- Exercises to improve balance, walking and transfers, for example, getting in and out of bed and on and off the toilet safely.
- Use of personal alarm (lifeline alarm) particularly for those who go to the toilet often in the night.
- Consider a bedside commode or urinal if the toilet is not close by.
- Daily routines can help people remember where the toilet is and how often to go.
- Avoid going to the toilet to off-set the need to go again later or when out, as this can weaken your pelvic floor muscles.
- Wear clothing that can be easily removed or undone, for example, loose fitting or velcro fastenings.

Footcare

Your feet carry you everywhere, so it makes sense to look after them.

- Wash your feet daily if you can with warm water.
- Make sure you dry them well.
- Remove hard skin.
- Moisturise your feet.
- Trim toenails regularly by cutting them straight across. If you cannot do it then see your GP and ask to be referred to a chiropodist/podiatrist.

Footwear advice

- Slip-on shoes do not help your toes. Wearing shoes without a proper fastening means you curl your toes to hold the shoes on. Good shoes should have support around the heel and over the top of your foot, preferably a lace-up, velcro strap or T-bar straps.
- Make sure your toes have enough room. Consider the length, width and depth of the shoe.
- Heels should be kept low and broad (approximately the width of the shoe). This gives you extra stability and prevents pressure building up over the balls of the feet. By wearing low, broad heels you are less likely to sprain your ankle.
- Soles should be soft, flexible and cushioned to provide maximum shock absorption. Spongy soles mean your feet will be more comfortable.
- Over time your feet change in width, length and depth. To make sure that you have a perfect fit, have your feet measured every time you buy new shoes.

Buying new shoes

- Fit the shoe to your foot, not your foot to the shoe!
- Sizing and fit can vary between brands so make sure you try them on before buying. Make sure you can get them on and off yourself and that you can stand and walk in them.
- If you can, buy shoes in the afternoon - feet can swell throughout the day.

Make your home safe

Over half of falls occur in and around the home. Many of these falls are preventable by making small adjustments to your environment and taking safety precautions to reduce your risk of falling.

In general we do not want to stop you performing activities but perhaps just change the way you do them.

Lighting

- Turn lights on before you start moving. It sounds obvious, but adequate lighting will help your eyes adjust and improve your spatial awareness.
- Leave lights on in your hallway at night (this can include plug-in electric nightlights) for night-time trips to the bathroom.
- Make sure light switches are easy to reach.
- If you're able, try to make any immoveable obstacles stand out - such as highlighting the edge of outdoor steps with bright paint or putting bright throws over dark sofas.
- Make sure your outdoor lighting is adequate - particularly around doorways and their approaches.
- Lighting that is too bright can dazzle you - net curtains or blinds can reduce the glare.

Bathroom and toilet

- Use non-slip mats.
- Install hand rails or shower/bath seats if your shower is over your bath.
- Avoid using talcum powder and oils over non-carpeted floors.
- Consider changing your bathroom door to open outwards so someone can get to you if you do fall.

Bedroom

- Check that bedspreads and long curtains don't trail over the floor and that your bed is steady.
- Have a bedside lamp with easy access and always check that electric cords are tucked away.

Kitchen, dining and living areas

- Avoid clutter and ensure clear walkways.
- Arrange cupboards and shelves - for instance have a designated tea area near your kettle. Frequently used items should be placed where they are easy to reach as this avoids you having to reach to a high cupboard or bend too far down.
- Consider investing in a multi-phone system - that way a phone will always be in easy reach.
- Have furniture altered to suit your height as this will make it easier to get on/off. Specialist non-slip cushions or blocks are available that can raise your seat or an electrical raiser/recliner may be more helpful.

Paths, entrance and hallways

- Keep outside paths maintained - clear away fallen leaves or moss growth.
- Repair cracked or uneven pathways.
- Have a handrail installed outside if you feel you need extra support.
- Mats and rugs - use non-slip mats, often rubber-based on the underside. Regularly check for curling corners.
- Tuck electric wiring to the side of the room and tape down to the floor or to the skirting boards.
- Keep hallways clear.

Top tips

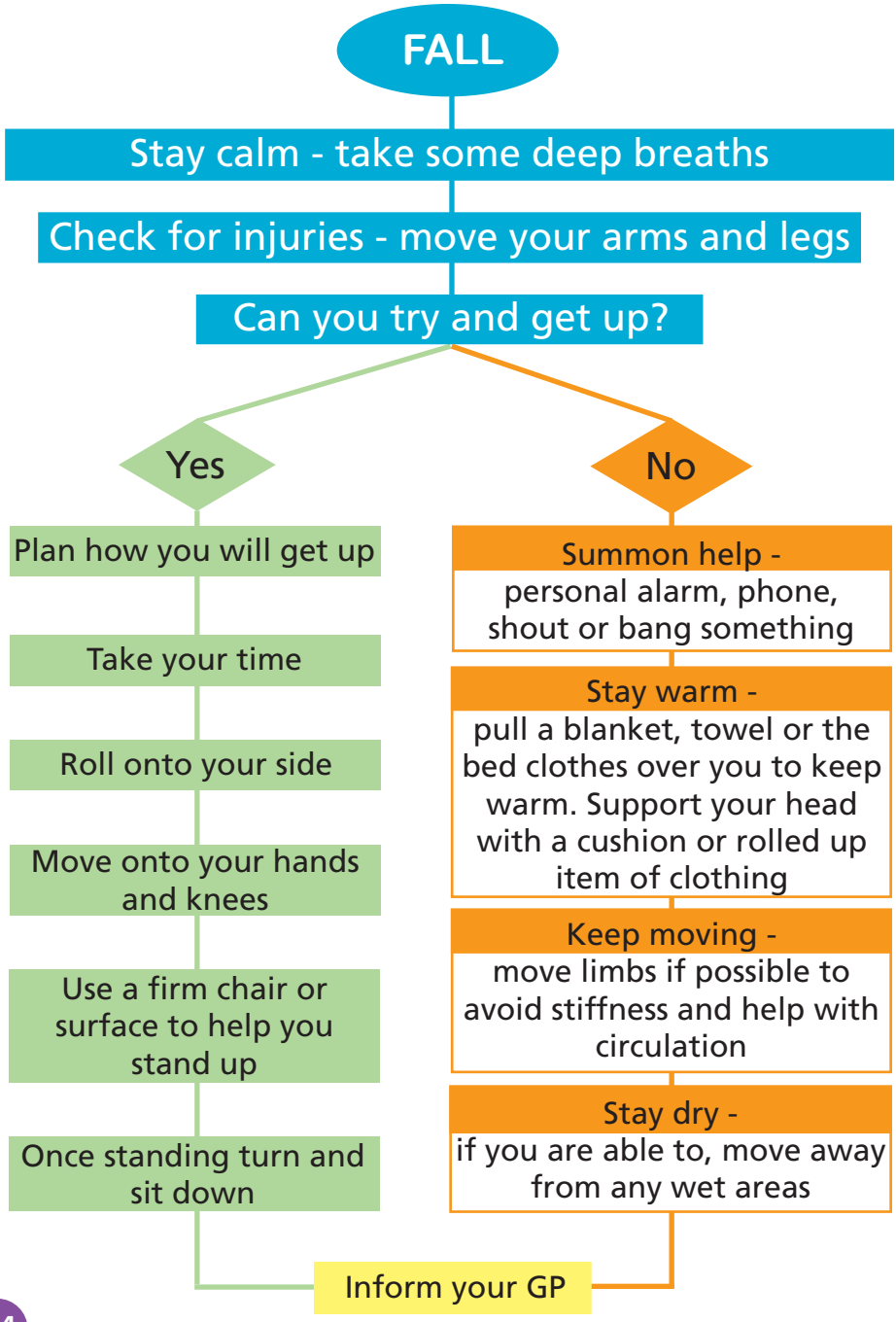
- Lighting - always switch a light on especially if you get up in the night.
- Rails - handrails by the front/back doors, toilet and on the stairs can improve safety.
- Clutter - clearing clutter in rooms, corridors and stairs can reduce your risk of falls.
- Carpet - remove curled carpets or rugs or tape them down.
- Trailing wires - tape down or run trailing cords along skirting boards or move appliances nearer to the socket.
- Environment - arrange frequently used items so they are within easy reach.
- Furniture - consider the height when buying new furniture.
- Keysafe - a keysafe is a small box outside your home, which contains your house key. It allows help to get to you if you are unable to open the door.

Diet and fluid intake

Having a poor diet and not drinking enough can affect our ability to function. Over and under eating can affect our balance and muscle strength and dehydration can cause fatigue and confusion, both increasing our risks of falls. Aim for five portions of fruit/vegetables daily and choose a wide variety to get a range of different nutrients.

- Carbohydrates help to provide energy and protein helps to build muscles.
- Eat foods which are rich in calcium and Vitamin D, which help to maintain healthy bones.
- It is recommended to have between 6-8 glasses of fluid per day.
- Make sure that only half of your drinks contain caffeine as this can make you urinate more.

What to do if you have a fall



A reminder of the key risk factors

- History of falls/near misses.
- Medical conditions/medication.
- Vision/hearing.
- Exercise/activity.
- Mental health.

Who to contact

If you are concerned about falls you should contact your healthcare team. This can be one of the clinical staff if you are in hospital or your community therapist/nurse or GP if you are at home. You can also contact the falls prevention service for further information and support.

Contact numbers

Falls prevention service - 01530 468510

Single Point of Access (SPA) - coordinates all urgent and non-urgent referrals for community nursing, intermediate care, therapy services and admission to community hospitals across Leicester, Leicestershire and Rutland - 0300 300 7777

Leicestershire County Council social services - 0116 305 0004
Deaf or hard of hearing: text 07949 633 788 instead

Leicester City Council social services - 0116 454 1004

Rutland County Council social services - 01572 722 577

Space for notes

If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.

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